

| POSITION                  | INITIALS | IN NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       | MS       | 45     | 2/15    |
| FORMALITY REVIEW          | SM       | 50864  | 5/7/01  |
| RESPONSE FORMALITY REVIEW | JAP      | 100    | 7-11-01 |

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy

MS  
5/7/01